



United States Environmental Protection Agency
Washington, D.C. 20460

Water Compliance Inspection Report

Section A: National Data System Coding (i.e., PCS)

Transaction Code	NPDES	yr/mo/day	Inspection Type	Inspector	Fac Type
1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>
7 <input type="checkbox"/>	8 <input type="checkbox"/>	9 <input type="checkbox"/>	10 <input type="checkbox"/>	11 <input type="checkbox"/>	12 <input type="checkbox"/>
13 <input type="checkbox"/>	14 <input type="checkbox"/>	15 <input type="checkbox"/>	16 <input type="checkbox"/>	17 <input type="checkbox"/>	18 <input type="checkbox"/>
19 <input type="checkbox"/>	20 <input type="checkbox"/>	21 <input type="checkbox"/>	22 <input type="checkbox"/>	23 <input type="checkbox"/>	24 <input type="checkbox"/>
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85 <input type="checkbox"/>	86 <input type="checkbox"/>	87 <input type="checkbox"/>	88 <input type="checkbox"/>	89 <input type="checkbox"/>	90 <input type="checkbox"/>
91 <input type="checkbox"/>	92 <input type="checkbox"/>	93 <input type="checkbox"/>	94 <input type="checkbox"/>	95 <input type="checkbox"/>	96 <input type="checkbox"/>
97 <input type="checkbox"/>	98 <input type="checkbox"/>	99 <input type="checkbox"/>	100 <input type="checkbox"/>	101 <input type="checkbox"/>	102 <input type="checkbox"/>

Section B: Facility Data

Name and Location of Facility Inspected (For industrial users discharging to POTW, also include POTW name and NPDES permit number) Berry Hill Corporation Sand Mine Hawkins County TN0076201	Entry Time/Date 1:40 5-22-2013	Permit Effective Date 7-29-2008
	Exit Time/Date 2:10 5-22-2013	Permit Expiration Date 7-28-2013
Name(s) of On-Site Representative(s)/Title(s)/Phone and Fax Number(s) Mr. Ray Stone, President	Other Facility Data (e.g., SIC NAICS, and other descriptive information) Site not disturbed for mining at this time.	
Name, Address of Responsible Official/Title/Phone and Fax Number Mr. Ray Stone, President 2839 SW 24th Ave Cape Coral, FL 33914	Contacted <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

Section C: Areas Evaluated During Inspection (Check only those areas evaluated)

<input checked="" type="checkbox"/> Permit	<input checked="" type="checkbox"/> Self-Monitoring Program	<input type="checkbox"/> Pretreatment	<input type="checkbox"/> MS4
<input type="checkbox"/> Records/Reports	<input type="checkbox"/> Compliance Schedules	<input checked="" type="checkbox"/> Pollution Prevention	
<input type="checkbox"/> Facility Site Review	<input type="checkbox"/> Laboratory	<input checked="" type="checkbox"/> Storm Water	
<input checked="" type="checkbox"/> Effluent/Receiving Waters	<input checked="" type="checkbox"/> Operations & Maintenance	<input type="checkbox"/> Combined Sewer Overflow	
<input type="checkbox"/> Flow Measurement	<input type="checkbox"/> Sludge Handling/Disposal	<input type="checkbox"/> Sanitary Sewer Overflow	

Section D: Summary of Findings/Comments

(Attach additional sheets of narrative and checklists, including Single Event Violation codes, as necessary)

SEV Codes	SEV Description
<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	

Name(s) and Signature(s) of Inspector(s)	Agency/Office/Phone and Fax Numbers	Date
Robert M. Brooks <i>Robert M. Brooks</i>	DWM-SM 865-594-5548	5-22-2013
Bruce Ragon	DWM-SM	
Signature of Management Q A Reviewer	Agency/Office/Phone and Fax Numbers	Date